REQUEST

The undersigned requests that the present

For receiving Office use only			
International Applicati	on No.		
International Filing Da	ate		
Name of receiving Off	fice and "PCT International Application"		
Applicant's or agent's	file reference		

Applicant's or agent's file reference (if desireal) (12 characters maximum) D 2399 / st	international application be processed according to the Patent Cooperation Treaty.		Name of receiving Office and "PCT International Application"						
Method of Increasing the Transgene-Coded Bjornolecule Content in Organisms Box No. II APPLICANT	_			Applie (îf devi	uni's or ag red) (12 ci	gent's t haracte	file reference ers maximum) D 2	399 / st	
Name and address: (Family name followed by given nume, for a legal entity, full official designation. The address must include postal cade and name of country. The country of the address indicated in this Dark is the applicant. * State (that is, country) of residence (in State of residence is indicated as the state of the state	Box No. I TITLE OF INVENTION Method of Increasing the Transgene-Coded Biomolecule Content in Organisms								
The address include pastal cade and name of country. The country of the address indicated below.) Düring, Klaus Vorgebirgsweg 33 D - 50226 Frechen Germany State (that is, country) of nationality: DE State (that is, country) of nationality: DE State (that is, country) of nationality: DE State (that is, country) of residence: DE This person is applicant States of America of America only the Sopplemental Box Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full affielal designation. The address must include postal code and name of country.) The country of the address in this Box is the applicant? State (that is, country) of residence: DE This person is applicant and inventor inventors are indicated to the address in this Box is the applicant? State (that is, country) of presidence is indicated in this Box is the applicant? State (that is, country) of presidence in the address in this part of the person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: DE This person is applicant and inventor inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: Telephone No. OR 39/43 77 88 0 Facsimile No. OR 39/43 77 88 99	Box No. 11 AF	PLICANT	This per	son is also	inventor				
Düring, Klaus Vorgebirgsweg 33 D - 50226 Frechen Germany State (that is, country) of nationality: DE State (that is, country) of nationality: DE This person is applicant State (that is, country) of residence: DE This person is applicant Further APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the chaires indicated in this Back is the applicant's State (that is, country) of residence is indicated below.) Mahn, Andreas Alte Windmühle 2 D - 50129 Bergheim Germany State (that is, country) of nationality: DE This person is applicant State (that is, country) of nationality: DE State (that is, country) of nationality: DE This person is applicant State (that is, country) of residence in inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: DE This person is applicant State (that is, country) of residence: DE This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office State (that is, country) of residence: DE This person is applicant Applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office The person is applicant State (that is, country) of residence: DE This person is applicant State (that is, country) of residence: DE This person is applicant State (that is, country) of residence: DE This person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office The person is applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office Anterica only Applicant only Applicant only Applicant only App	The address must include postal cade and name of country. The country of the address indicated in Init					m ms	Telephone No.		
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D - 81825 München	D - 81825 München						Topinie No.		
Germany Agent's registration No. with the Office	Germany						Agent's registrat	ion No. with the Office	
Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.									

Form PCT/RO/101 (first sheet) (March 2001; reprint January 2002)

See Notes to the request form

Sheet No. ... 2...

0-17-04, 7.3/mivi ,

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)							
If none of the following sub-boxes is used, this sheet should no	t be included in the requ	uest.					
Name and address: (Family nume followed by given name; for a legal entithe address must include postal code and name of country. The country of la Box is the applicant's State (that is, country) of residence if no State of resident Hantke, Sabine Neusser Str. 316 D - 50733 Köln Germany	re distributed below.)	This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office					
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Further applicants and/or (further) inventors are indicated on another continuation sheet.							

Form PCT/RO/101 (continuation sheet) (March 2001; reprint January 2002)

See Notes to the request form

This sheet is not part of and does not count as a sheet of the international application.

PCT	For receiving Office use only				
FEE CALCULATION SHEET					
Annex to the Request	International Application No.				
Annex to the Request					
Applicant's or agent's file reference D 2399 / st	Date stamp of the receiving Office				
Applicant					
Düring, Klaus					
CALCULATION OF PRESCRIBED FEES	EUR 100,00 [T]				
1. TRANSMITTAL FEE	EUR 945,00 [S]				
2. SEARCH FEE International search to be carried out by (If two or more International Scarching Authorities are competent to carry o	ul the international				
search, indicate the name of the Authority which is chosen to carry out the in 3. INTERNATIONAL FEE	ilernaliunal search.)				
Basic Fee	theets) 30				
Where item (b) of Box No. IX applies, enter Sub-total number of s Where item (b) of Box No. IX does not apply, enter Total number					
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x	<u>62</u>				
number of sheets fee per sheet					
b3 additional component (only if sequence listing part of descrip is filled in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):	tion				
400 x =	b3				
	I EUR 444,00 🖪				
Add amounts entered at b1, b2 and b3 and onter total at B					
Designation Fees The international application containsall designations.					
5 96,00 = EUR 480,00 D					
number of designation fees amount of designation fee payable (maximum 5)	. EUR 024 00 ET				
Add amounts entered at B and D and enter total at l	EUR 924,00 []				
(Applicants from certain States are entitled to a reduction of 75! international fee. Where the applicant is (or all applicants are) so entitled to be entered at 1 is 25% of the sum of the amounts entered at 8 and D	l, the total				
4. FEE FOR PRIORITY DOCUMENT (If applicable)	* EUR 30,00 [P]				
5. TOTAL FEES PAYABLE	EUR 1999,00				
Add amounts entered at T, S, I and P, and enter total in the TOTAL	pox TOTAL				
The designation fees are not paid at this time.					
MODE OF PAYMENT					
authorization to charge deposit account (see below) postal money order	cash coupons				
☑ cheque ☐ bank draft [revenue stamps other (specify):				
AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCO	OUNT Receiving Office: RO/				
	Deposit Account No.:				
Authorization to charge the total fees indicated above.	Date:				
(This check-hox may be marked only if the conditions for deposit account of the receiving Office so permit) Authorization to charge any deficient or credit any overpayment in the total fees indicated above.					
Authorization to charge the fee for priority document.	Signature:				
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Form PCT/RO/101 (Annex) (January 2002)